

ENCLOSURE
DATE JUL 31 2000

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

| | | |
|---|---|---|
| 1 Name of organization The WISH List California PAC | | Employer identification number 22-3445529 |
| 2 Mailing address (P.O. Box or number, street, and room or suite number) 499 S. Capitol Street, SW, Suite 408 | | 91-2064877 |
| City or town, state, and ZIP code Washington D.C. 20003 | | |
| 3 E-mail address of organization colleen@bmhlaw.com | | |
| 4a Name of custodian of records Karen Raye | 4b Custodian's address 499 S. Capitol Street, SW, Suite 408, Washington D.C. 20003 | |
| 5a Name of contact person Karen Raye | 5b Contact person's address 499 S. Capitol Street, SW, Suite 408, Washington D.C. 20003 | |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code | | |

Part II Purpose

7 Describe the purpose of the organization
Support or oppose state and local candidates.

.....

.....

.....

.....

Part III List of All Related Entities (see instructions)

| 8a Name of related entity | 8b Relationship | 8c Address |
|---------------------------|------------------|--|
| WISH | connected | 499 S. Capitol Street, SW, Suite 408, Washington D.C. 20003 |
| | | |
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Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Colleen C. McGinnis

Signature of authorized official

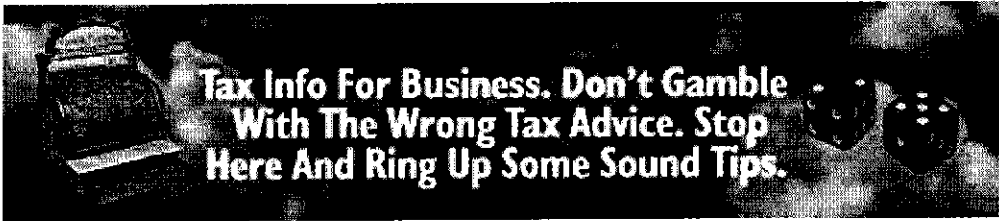
7-28-00

Date _____



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Form **8871** (7-2000)



Political Organization Notice
of Section 527 Status

Please enter information below to fulfill your requirements for electronic filing of Form 8871:

| | |
|--------------------------------|----------------------------------|
| Employer Identification Number | 22-3145929 |
| Name of Organization | The WISH List California PAC |
| Street Address | 499 S. Capitol St., SW, Ste. 408 |
| City | Washington |
| State | DC |
| Zip Code | 20003 |
| Email address of Organization | Colleen@bmhlaw.com |
| Name of Custodian of Records | Karen Raye |
| Name of Contact Person | Karen Raye |

File Electronically

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FAX (916) 442-7759
www.bmhlaw.com

July 31, 2000

Internal Revenue Service Center
Ogden, UT 84201

Dear Filing Officer:

Enclosed is the original of the following for:

The Wish List California PAC

- ☒ FORM 8871
- ☐ AMENDMENT TO ABOVE
- ☐ REPORTS SENT BY FIRST CLASS MAIL
- ☒ REPORTS SENT BY OVERNIGHT DELIVERY
- ☒ OTHER - **ELECTRONICALLY FILED**

Please endorse this transmittal letter as acknowledgment of receipt and return it in the self-addressed, stamped envelope provided.

Sincerely,

Bell, McAndrews & Hiltachk

Enclosures